



# INTERVIEW

## Dr. Chana Zablocki

Answering Your Questions

1. You completed fellowship training in Anti-Aging and Metabolic Medicine after residency. How did that additional training shape the way you approach hormone care in midlife?

My fellowship training in Anti-Aging and Metabolic Medicine significantly broadened how I approach hormone care in midlife. Traditional medical training often focuses on diagnosing disease once it has developed, whereas this additional training emphasized a more comprehensive understanding of how hormonal changes affect metabolism, sleep, cognition, cardiovascular health, and overall quality of life during the midlife transition.

The fellowship provided deeper training in the physiology of the menopause transition and the complex interplay between estrogen, progesterone, cortisol, thyroid function, and metabolic health. It reinforced the importance of looking at the whole patient rather than focusing on a single symptom. For many women, symptoms such as fatigue, sleep disruption, weight changes, brain fog, or mood shifts are interconnected and often relate to underlying hormonal changes that occur during perimenopause and menopause.

Ultimately, the fellowship helped shape a more integrative, evidence-informed approach to midlife care—one that prioritizes both long-term health and day-to-day quality of life for women navigating the menopause transition.

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## 2. Your practice emphasizes root-cause investigation rather than symptom management alone. What does that look like in real clinical decision-making?

In clinical practice, a root-cause approach means looking beyond a single symptom and asking why that symptom is occurring in the first place. Many patients come in with concerns such as fatigue, poor sleep, anxiety, weight gain, mood changes, brain fog, decreased libido or sexual dysfunction. Rather than treating each of these symptoms individually, I try to understand the underlying physiologic changes that may be connecting them.

For example, in midlife women, symptoms that initially appear unrelated may actually stem from hormonal shifts associated with perimenopause or menopause. Changes in estrogen and progesterone can affect sleep quality, metabolic function, thermoregulation, and even how the brain processes stress. If those underlying drivers are not addressed, treating symptoms in isolation often leads to incomplete relief. Sometimes the issue may be hormonal, but other times it may relate to chronic sleep deprivation, insulin resistance, nutrient deficiencies, or elevated stress hormones. Understanding that broader physiologic context helps guide more targeted treatment decisions.

In practical terms, this means taking the time to listen carefully to the patient's full story, looking for patterns across symptoms, and using appropriate laboratory evaluation when it adds clinical value. The goal is to create a treatment plan that addresses the underlying drivers of a patient's symptoms rather than simply layering medications on top of them.

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3. During our conversation, you mentioned the distinction between what is FDA-approved and what you are able to offer in practice. How do you help patients understand that difference?

I make a clear distinction between what is FDA-approved for a specific indication and what is considered off-label or compounding therapy. In practice, many treatments, especially in hormone care, have strong evidence from international studies or clinical experience, even if they are not FDA-approved for that particular use in the U.S. We review the available data together and discuss the possible reasons why a medication is not FDA approved.

I help patients understand the difference by explaining the known benefits and risks, and how the therapy fits into their personal health goals. I also discuss alternatives that are FDA-approved, so they can make a fully informed decision.

4. You recently transitioned away from insurance-based practice. What influenced that decision, and how does it change the care you are able to provide?

Transitioning away from insurance-based practice was largely influenced by my desire to provide more individualized, high-quality care without the administrative and time constraints that insurance requirements often impose. In traditional insurance-based visits, physicians are frequently limited by short appointment times, formularies, and billing rules, which can make it difficult to explore complex hormonal, metabolic, or lifestyle issues in depth.

By moving to a direct-pay model, I'm able to spend more time with each patient, order labs thoughtfully without unnecessary restrictions, and focus on root-cause investigation rather than symptom management alone. This approach allows for a more personalized, proactive, and evidence-informed plan tailored to each patient's goals, rather than a "one-size-fits-all" protocol dictated by insurance coverage.

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## 5. For women navigating hormone shifts, fatigue, metabolic changes, or cognitive symptoms, what factors matter most when deciding whether to pursue hormone therapy?

When considering hormone therapy, several factors guide the decision for women navigating menopause or midlife hormone shifts:

1. Symptoms and Quality of Life – Severity and impact of hot flashes, night sweats, sleep disruption, fatigue, mood changes, brain fog, bladder issues and sexual issues.
2. Medical History and Risk Factors – Personal and family history of breast cancer, cardiovascular disease, liver disease.
3. Type and Timing of Therapy – The specific hormones used, route of administration, and how early or late in the menopause transition therapy is started.
4. Goals and Priorities – Whether the focus is symptom relief, bone health, metabolic support, cognitive protection, or overall long-term wellness.
5. Alternative or Complementary Strategies – Lifestyle measures, nutrition, sleep optimization, and non-hormonal therapies that may address symptoms.

Ultimately, the decision is highly individualized. I work with each patient to weigh the benefits and risks, discuss options, and create a plan that aligns with her personal health goals and priorities.